

THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XL.

WEDNESDAY, FEBRUARY 7, 1849.

No. 1.

ON THE EMPLOYMENT OF A NEW AGENT IN THE TREATMENT OF
STRICTURES OF THE URETHRA.—WITH AN ENGRAVING.

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[Communicated for the Boston Medical and Surgical Journal.]

THIS method consists essentially in the use of gutta percha in taking the impression of a stricture; and also avails itself of the plasticity of this gum in dilating the stricture.*

There is, in general, no great difficulty in the treatment of a stricture near the orifice of the urethra. On the other hand, a contraction of the canal far back towards the perineum often presents serious difficulties. The introduction of an instrument is then sometimes impracticable, or requires a tedious and very careful manipulation. It is plain that one great difficulty exists in the inability on the part of the surgeon to ascertain the precise character of the lesion; the geography of the part to be traversed by the bougie. It is well known that this contraction is susceptible of infinite variation. It is abrupt or gradual, concentric or lateral, straight, angular, curved or spiral, smooth or knobbed, long or short, and finally partial or exaggerated; and against all these varieties the principal weapon in the hands of the surgeon is the bougie. This instrument, with little available variety, either in its material or conformation, is a point attenuated or obtuse, urged by a force applied at perhaps six inches distance; and is expected to thread its way among the complicated and winding labyrinth which often constitutes a stricture. Fortunately, the healthy canal traversed by the bougie generally so directs it, that when the contraction is not great, the point enters its orifice after more or less manipulation. Yet it will be conceded that this manipulation, however delicate and skilful, is often, and of necessity, only a series of tentative thrusts or offers, made in the dark, in the hope of ultimately discovering and traversing some interval or interstice should such exist.

Other circumstances, such as the density and character of the opposing

* The use of gutta percha bougies is not new; it is attributed to a physician at Singapore, but I have neither seen nor heard any allusion to their being employed to take impressions of strictures, which, so far as I can judge, constitutes their chief if not their only value. I have received within a day or two, through the politeness of Mr. Burnett, apothecary in Tremont Row, a sample of bougies with which he has been furnished by the Gutta Percha Company in New York, excellent in appearance, but which I have not had an opportunity of testing.

tissue, and the necessity of employing or of avoiding protracted pressure, complicate the problem.

The common method, it is true, is often quite effectual and satisfactory; especially in the ordinary run of cases of simple or partial contraction. Yet there is something gross in it. It is wanting in the nicer modifications of art which should characterize surgical manipulation, when they do not interfere with its simplicity. Nor are the results of this process always satisfactory; especially when the case is difficult, or the operator inexperienced. It will soon be shown that false passage is very common in connection with old stricture; simply because the propelled instrument, finding no natural canal, has made one for itself. Or, as not unfrequently occurs, when the urine dribbles away, no canal can be detected and no instrument of dilatation passed.

These difficulties are not new. Different methods have been devised to bring the part to be operated upon more directly in contact with the senses of the operator; such as a lamp to illuminate the stricture, and a tube to see it. Ducamp insisted upon the great advantage of impressions in wax, as conveying an idea of the conformation of a stricture, and contrived hollow tubes, containing eccentric bougies sliding out like a telescope at one side of the distorted canal.

Whoever has tried this wax has probably found, that however good the impression received in the interior may be, it is lost, either when the material is extricated from the stricture or subsequently from the canal. It is of questionable utility in this point of view. Besides, the wax is soft and liable to break; and lastly, when moulded to the canal, it is itself of no use in dilating it, and another instrument of corresponding outline must be arranged for this purpose.

The advantages of gutta percha are, first, that it is probably the only material in the world capable of receiving an acute impression at a temperature quite comfortable to the skin, and at the same time of retaining it entirely, at about the actual temperature of the body; then becoming hard and resisting, besides being exceedingly tough, even in attenuated filaments. It follows, that upon being withdrawn from the urethra, it presents a perfect impression of the most minute inequalities of the callus against which it has impinged.

In the second place, it may be used when thus moulded as a dilator of the stricture; and it can be made to enter with unerring certainty any of its orifices.

A few words will suffice to describe the method I have adopted in employing these bougies. A medium size answers a good purpose, unless there be strictures anterior to the one to be treated, in which case a small calibre is sometimes requisite. Let the bougie be oiled and the tip passed to and fro rapidly in the edge of the flame of a candle, until it is so warm that the nail will indent it; the mass will remain plastic after the surface has ceased to be hot, and may be rapidly passed down to the stricture, being very smooth and pliable. If it be pressed against the stricture for a minute with a force equivalent to an ounce or two of weight, and then left to cool during the succeeding three or four minutes, it will present, when slowly and carefully disengaged from the stricture, a firm

and unyielding impression of the most minute inequality and indentations of the callous surface. The tip may be cut off and preserved, furnishing, with others, a complete history of the conformation of the stricture under treatment.

If water be employed to heat the gum, it will be found that the steam from the surface will soften the rod for the length of an inch or more; rendering it liable to curl up against the stricture, as small elastic bougies are apt to do. The tip alone should be softened. On the other hand, care should be taken not to burn the gum; its texture and ability to harden are thus destroyed, and a piece may be left in the stricture. Such a case occurred to me. A plug was thus left in a small stricture, causing retention of urine during eighteen hours; when the orifice having become dilated, the plug was forced out by the urine; which then flowed more freely than for many months before.

Pure gutta percha softens most readily and cools with least elasticity and shrinking. It is therefore far better for impressions than when adulterated, as is common, with caoutchouc. But when pure, a little oiling and use soon raises a fur upon its surface; so that it is probable that some compound will answer better for mere bougies.

I have hitherto made these rods from pure gum, of the thickness of sole leather, cut into square strips, plunged into boiling water, and rolled between two boards, care being taken to prevent twisting.

When the bougie is imbedded in the stricture, let its head, or external end, be warmed and flattened in a vertical or transverse direction with reference to the pubis, and it will indicate, when withdrawn, the position of the inequalities in regard to the periphery of the canal.

Suppose, now, that the impression, as is frequently the case, is forked. Examination of the extremities often indicates which is the true passage and which the false; or if not, the larger is generally the true passage. Let the false extremity be carefully shaved off and the bougie returned into the urethra, its flattened head maintaining its relative position to the pubis. It forms a conical bougie of the best description, exactly adapted to the form of the true passage, which it inevitably enters. Impressions also record and especially direct the progress of a cutting instrument, as seen in the annexed sketches.

The general pathology of stricture is not here discussed; but it will be quite obvious that there are cases of irritable and inflammatory stricture in which this method of dilatation, as well as all other active mechanical treatment, would be inappropriate. Nor are the relative merits of dilatation, incision and cauterization here considered. Each is occasionally a valuable resource; the progress of all is incalculably aided by the knowledge derived from impressions; while the first, by far the most valuable mode of treatment, is considerably accelerated by the actual employment of the gutta percha.

The annexed sketches will give an idea of the character of the impressions. They are a few, selected from a considerable number, to illustrate several points.

The first line of the annexed print presents impressions with false passages, taken in the course of the treatment of the first case detailed below.

The three first figures represent different impressions taken early in the treatment. The fourth and fifth represent the bougies used as dilators after the impression of the false passage was removed; and the last figure shows the impression when the canal was easily pervious to a moderate-sized bougie.

The figures numbered 2 are different impressions of the same stricture at different periods of treatment.

3. An old stricture, nearly impervious, from a patient who died of inflammation of the membranous portion of the urethra.

4, 5. Impressions of incisions. These incisions were made with Rattier's instrument, sketched below, in this connection, and which is by far the best of a number I have employed. The blade slides back obliquely into the canula.

6. An excellent impression of an old stricture. Two perfectly similar impressions were taken upon succeeding days; indicating that no doubt could exist of the character of its outline. The stricture was incised exactly at the point calculated, the parallel lines indicating where the impression of the two incisions, seen in the small figure, correspond with the original impression.

At 8 is seen the last impression of these and subsequent incisions; three days after which, the canal was entirely pervious. These are from the second case detailed below.

7, 9, are given as good impressions of curious strictures.

The following are two cases of bad strictures which had resisted previous treatment. I believe the success attending their ultimate treatment to be due to the assistance derived from the gutta percha. They are here detailed as the first cases subjected to this treatment, and they were examined by various professional gentlemen from different parts of the country, who happened to visit the Hospital during the summer of 1848, and an account of them was read to the Boston Society for Medical Improvement soon after their occurrence.

Obstinate Traumatic Stricture, with Fistula behind Scrotum. —

—, æt. 38. Patient has had gonorrhœa many times—last time four years ago. In 1832, after exposure to cold and wet, great difficulty in micturition. Again in 1837 had a similar attack.

June 1, 1848.—Eighteen months ago, fell astride of the rail of a ship; was made insensible, and afterwards had much difficulty in urinating, and passed bloody urine. Last July, after much difficulty in micturition, a swelling formed in perineum, just behind scrotum, opened externally, and through the opening pus and urine escaped together. Urine has flowed more or less in this way since.

Now, penis and scrotum swollen; the scrotum quite dense, firm, enlarged and thickened, especially at posterior part.

Just behind scrotum is a small red eminence which marks the entrance of a fistula, from which urine drops at every emission.

The smallest sized catheter passes through a stricture just before the scrotum, but is arrested about two and a half inches farther by a stricture into which it passes about half an inch.

Has had much fruitless treatment with instruments before entering the

house, and is sure none have ever entered bladder until about a month ago, when a small steel wire was passed twice or three times by the patient himself, and which was followed by much constitutional irritation.

Patient states that he is unable now to discover this canal, to which chance directed the instrument. In the course of several explorations, I succeeded in passing the wire once; but the mass was dense and cartilaginous to the feel, and it was evident that nothing could be gained except by consecutive dilatation; which it was impossible to adopt, on account of the uncertainty of entering the stricture, without protracted and irritating manipulation. This was a stricture of the worst class, occupying a long and dense cicatrix, and complicated both with a false passage at its entrance, which was liable to engage the bougie, and with an old fistulous sinus.

June 3d.—An impression of the stricture was taken with engravers' wax; but this being unsatisfactory in its indications, the gutta percha was tried the next day, and yielded from the orifice of the stricture, one of the three first impressions of which a sketch is given. In the course of the week, as the patient was able to bear the treatment, the false spur was removed from the bougie, as seen in the sketch, and the rod, guided by the flattened head, was passed into the true canal.

On the 16th, by the same guide, incisions were made with Ratie's instrument; and on the 23d, three weeks from the beginning of treatment, a small silver catheter was easily passed into the bladder and left there.

July 6th, the patient was able to retain a medium-sized flexible bougie for an hour or two without pain.

15th.—“Now introduces, and wears with ease, a No. 11 flexible catheter.” The last impression is seen in the plate.

At this time he suffered from a severe constitutional attack. Pain in the scrotum, with swelling—general heat—pulse 100—tongue furred. On the second day, anorexia and nausea—pulse 116. Not relieved by an emetic. On the third day, pulse 160—much nausea. Being unable to discover other local difficulty, after careful exploration of the viscera and functions, and the patient looking badly, I determined to divide the scrotum on its posterior aspect; which was done. The patient being etherized and placed as for lithotomy, and with the valuable assistance of Dr. Townsend, a grooved staff was passed into the bladder, and an incision about three and a half or four inches long was made in the perineum, through the thickened callus, until, at the depth of nearly three inches, the sound was exposed and the urethra divided to some extent, and nearly as far as the bladder, for the purpose of dividing, if possible, the internal orifice of the old fistula. The source of the constitutional trouble appeared in a small collection of pus in the heart of the callus and quite near the urethra. During the three succeeding days the pulse was successively 128, 120, 90, with returning appetite and corresponding improvement in appearance.

From this time the patient steadily improved. Ointments, fomentations and poultices, compression and bandages, were applied as indicated, the patient soon taking into his own hands the treatment by bougies, of

which he wore or passed with ease the larger sizes, until in November the urine flowed in a good stream, with a drop or two from the perineum once in two or three days. The patient left the hospital, at the end of the year, with a bougie to gauge occasionally the calibre of his urethra, and much gratified with his improved condition.

• *Stricture of the Cavernous Portion, with Fistula.* — — —, æt. 72.

“Reports that after exposure to cold eleven years ago, stricture was first troublesome. A year ago, after another severe exposure, stricture again came on, and was treated with bougies. Five months ago suffered from retention of urine, and at this time a fistula was formed below the stricture, through which most of the urine has since escaped.”

“Sept. 20, 1848.—“Now a fistula exists at the right side of the scrotum, of considerable size. Urine passes chiefly through this passage.”

“21st.—“A gutta percha bougie was passed, which retained, on being withdrawn, the perfect form of the stricture.”

This impression, numbered 6 in the plate, was twice taken at the interval of two days, leaving no doubt of its accuracy; and exhibits a minute prolongation like the head of a snake, indicating an almost complete obliteration of the canal.

From this period till the end of the month the stricture was several times incised, and a number of impressions taken, the first of which, with two incisions, is represented at *Nq. 6 bis*; while the last is given at *No. 8*, showing how large a calibre the canal had then attained. The stream of urine was now tolerably free, while the dribbling of the fistula had decreased; and the canal being somewhat sore at the incised portion, I forebore at this time to pass an instrument into the bladder. A few days after, my friend Dr. Warren, Jr., who at this time succeeded me in the charge of the ward, informed me that an instrument had readily passed the former strictures into the bladder.

In the course of three weeks the patient left the hospital with a canal of good diameter, and provided with a flexible bougie for his own use. The fistula was not entirely healed, yet no urine passed by it.

It is well known that old fistulæ in the urethra rarely heal. On the other hand, the stricture which accompanies and produces them is capable of causing infinite mischief. A case of this sort occurred to me while the above cases were under treatment.

• A patient, about 45 years of age, had a stricture of a number of years standing. Exposure aggravated it, with retention. The urethra burst behind the scrotum, and when I saw him on the fifth day, the penis and scrotum were tumefied and gangrenous. A little œdema only existed about and above Poupart's ligament; yet I deemed it advisable to incise, besides the former regions, the integuments of the abdomen on both sides. Much urine escaped from the scrotum and cellular tissue of the penis, while that of the abdomen appeared healthy in the course of an oblique incision in each iliac region three or four inches in length, and as deep as the tendon of the external oblique. Yet a few days sufficed to show that here, also, the cellular membrane beneath the superficial fascia was infiltrated with urine, for an apron of slough was soon formed between skin and muscle, as high as the navel and laterally backward, discharg-

ing profusely pus with urine, and the patient succumbed on the seventeenth day.

Both the first were cases of obstinate stricture of long duration. Both had undergone protracted treatment without success; the former in two hospitals; and the voluntary attestations of both, inasmuch as patients with old strictures usually get to be in some measure connoisseurs of local treatment, may be considered as having some weight in favor of the facility and efficacy of the treatment by gutta percha.

INFLAMMATION OF THE UTERUS.

BY EDWARD WARREN, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

IN a former volume of the Medical Journal, I gave some account of two cases of Inflammation of the Uterus, occasioned in some degree by mental causes. The following case seemed to be the result in part of sympathetic action, and in part of catarrh.

I visited Mrs. — on Sunday, about six weeks after her confinement, which took place in a neighboring town. I was informed that she had suffered greatly from the state of her breasts, especially the left breast; cold applications had been used, and the milk dried up on that side. Two days before I saw her, the weather being pleasant, she went out for the first time. She was not so well in the evening after it; but the next day she rode about six miles to her mother's. In the evening, pain came on in the abdomen, and continued at intervals through the night, and increased to the time that I saw her, about 2, P. M.

She had the livid appearance of a person in the collapsed stage of cholera; pulse small and rapid, with violent pain in the abdomen, but there was no vomiting and no alvine evacuations. The pain was confined to the uterus, directly over which there was great tenderness; but none elsewhere.

For the immediate relief of the pain, I gave her forty-five drops of laudanum; and this was succeeded by about fifteen grains of calomel. Warm fomentations were applied to the lower part of the abdomen.

I saw her again about 5, P. M. I found the pain had been relieved by the laudanum; but vomiting had come on and continued. I gave her now a scruple of ipecac. with five grains of calomel. I have great confidence in ipecac. as an anti-emetic. In common cases of continued vomiting, I have never found it fail to remove this symptom, after one or two gentle operations. It relieves the stomach from offending matter, produces an altered action of the minute vessels of the stomach, and increases the activity of the excrements. Its power in all these respects is greatly increased by the addition of calomel, which seldom fails also to secure an alvine evacuation.

I visited her again at 7, P. M. I found her countenance greatly improved, the pulse was better; the vomiting had ceased; and she was free from nausea. Some pain remained, but was quieted by ten drops of laudanum. I directed that if there was any return of pain, a blister

should be applied, and an injection given, composed of oatmeal gruel, with a table spoonful of oil of turpentine.

I saw her again at 10, P. M., and found her more comfortable.

Monday morning.—I found her appearance considerably changed. Countenance brighter, a good deal flushed. Pulse about 100, full and hard. Pain in uterine region much less, but the pain and tenderness have now extended over the whole abdomen, which is full, hard and tympanitic. She has much pain and difficulty in passing urine. I directed fomentations to the bowels; and a solution of Epsom salts;—to be repeated if necessary. Two doses containing half an ounce in each were given without effect. In the evening the enema with oil of turpentine was administered, and operated well. She took a pill containing about two-thirds of a grain of opium about 9, P. M.; after which she passed a comfortable night.

Tuesday morning.—Better. Pulse slower; less pain in abdomen. There is now great soreness and difficulty of turning in bed. I directed a febrifuge mixture, and an opium pill at night; fomentations to be repeated if necessary. Also spirits of nitrous ether, if the difficulty of passing water continues.

Wednesday.—Doing well. The difficulty of passing water has been relieved by the spirits of nitre and warm applications. Has now some pain in left breast; but has milk in the right, and can nurse her child on that side.

Thursday.—Fulness and tenderness of abdomen greatly subsided. Soreness less. Right breast very painful. I directed a poultice of bread and milk to the breast. The bowels being costive, I administered compound infusion of senna. Opium pill at night continued.

Friday.—Abscess of right breast broke this morning, and discharged, according to account, full a pint of pus.

From this time her health improved, and she gradually became well enough to sit up and go about the house. The breast continued, however, to discharge for some weeks. The poultices were continued.

The patient, in this case, presented, on my first visit, the worst aspect that I ever witnessed in one who recovered—very much worse than in either of the cases which I formerly reported, and in which the recoveries were much slower. If there ever is a case which requires the most prompt and decided treatment, it is such a one as this. I adapted the treatment to the symptoms. It is to be observed that on the first appearance of inflammation in the breast, probably, her physician directed cold applications. These were subsequently resorted to by the patient herself to "scatter the milk," as the breast continued troublesome. Pus had undoubtedly formed at this time; and the absorption of pus may have in a greater or less degree occasioned the subsequent disorder. After the febrile symptoms were relieved, there was comparatively little inflammation in the breast, and not sufficient to account for the formation of so much purulent matter. During the continuance of the uterine and peritoneal inflammation there was no symptom of inflammation in the breast, and the speedy breaking of the tumor and discharge of so much matter gave me much surprise.

Another subject of remark is, that as the milk did not entirely stop in the left breast, I allowed the child to nurse nearly every day except the first, as it appeared to suffer no evil from doing so; and I considered it important to have the milk drawn off. It was a healthy infant, and continued so.

This is contrary to the rules of nurses and mothers, who suppose that the child imbibes all the diseases of the mother in its milk. I believe, however, that nature is the best guide, and, if the mother is capable of nursing, and the child does not object to nurse, no great evil will ensue. Still, I consider it important to watch the effect upon the infant, and if it appears to injure it, to withhold it from the breast. I believe that the infant will generally run much more risk from the feeding employed as a substitute, than from its mother's milk, even when she is unwell. Of course there are cases when the child must be withheld on account of the situation of its mother, and the fatigue which nursing would produce; but in others, as in the case above recorded, this is the least of two evils. The fatigue of nursing was a less evil than that of having the milk remain in the breast.

TARTAR-EMETIC AND OPIUM TO INFANTS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In your remarks on Dr. Beck's Infant Therapeutics, you allude to the frequent use of *tartar-etic* and opium by New England mothers for young infants. I, for one, rejoice that such a man as Dr. Beck has been willing to investigate and portray the evils of using these "Sampsons" of the materia medica, so common in the nursery. Not a community, probably, in this Commonwealth, but can bring out facts to prove that opium in some form will certainly put a quietus—yes, a final quietus—to the crying babe! Several cases of this kind have been reported to me. And I view tartar-etic as little less dangerous. We all know the tendency of *tartar-etic*, when externally employed, to produce eruptions and ulcerations. And why not produce a similar ulceration upon the mucous membrane of the bowels? I fear that many of the bowel complaints and *chronic diarrhæas* of children could be traced to the frequent use of antimonial wine given to allay fever or relieve a common cough from cold.

A case fell under my observation a few years since, which is to the point. A child, about 3 years old, of robust, healthy appearance, was subject to asthma. To relieve the turns of wheezing, the physician left a solution of antimony, with directions to give frequent doses until the child vomited freely. This, for a time, operated well; but the dose was enlarged, yet no emesis could be produced. True to the directions, the mother repeated the dose so frequently, that *hyper-catharsis* and general prostration began to alarm the parents for the safety of the child. I was sent for, and found him *in articulo mortis*. This dysentery, as they termed it, had been running for some days. He was now insensible, sphincter ani perfectly relaxed, surface cool and moist, constant rolling of

the head, livid countenance, indicating that the brain was suffering and death at hand. He died within a few hours—his death evidently caused by the too free use of antimony. Yours, N. B. PICKETT.

Great Barrington, Ms., Jan. 29, 1849.

INFLAMMATION OF THE FAUCES AND GLOTTIS, RESULTING IN
COMPLETE OBSTRUCTION OF RESPIRATION—TRACHEOTOMY.

BY J. B. HERRICK, M.D., DEMONSTRATOR OF ANATOMY IN RUSH MED. COLLEGE.

I WAS called, at 2 o'clock, A. M., of Aug. 8, 1847, to visit Frederick P., æt. 4 years. The father of the patient—who called me—seemed much alarmed; and, upon entering his house, I found his fears well grounded. The respiration of the child, which was so difficult and labored as not to permit him to assume any but the erect position, could be heard distinctly in distant apartments of the dwelling, and seemed to threaten immediate suffocation.

From the parents, I learned the following history of the case. About three weeks previously, they had noticed that the child manifested a sensation of pain when he swallowed portions of solid food; subsequently, a swelling appeared about the angles and base of the lower jaw; and still more recently, difficulty of breathing had been superadded, which latter symptom had existed ten days, and had been slowly but constantly increasing in severity, especially during each night. The excuse given by the parents for not calling aid sooner was, that "they had suspected the malady to be mumps, and thought their child would recover without medical aid." I found the patient in a high state of febrile excitement, with a swelling of the glands, similar in appearance, externally, to what would occur in a well-marked case of cynanche parotidea. Upon examining the mouth, I found the parts from and including the anterior palatine pillars and uvula, and extending as far back as I could discern, highly inflamed and much swollen; the uvula and anterior pillars so much so as to make the opening to the fauces quite small. I at once supposed the difficulty to be an abscess, or the lodgement of some foreign body, at the root of the tongue, and accordingly introduced my finger to detect it. I could, however, find nothing, and so far as the exploration could be carried, the swelling seemed to be general and uniform; even the tonsils did not assume more than a proportionate amount of the enlargement, to lead one to suspect them of having been the primary seat of the affection.

The epiglottis and rima glottidis—although the examination added so much to the difficulty of breathing, as of necessity to be made hastily and imperfectly—were found involved in such a state of inflammation and enlargement, as, together with physical signs, to leave no further doubt of the cause of the present urgent symptoms.

I commenced my course of treatment by scarifying the engorged parts; took a liberal quantity of blood from the temporal artery; gave an emetic of tart. ant., which had a good effect, and applied fomentations

over the seat of the inflammation. A slight amelioration resulted from these remedies. I returned home, after prescribing fomentations, and a solution of tart. ant. to be given in sufficient quantity to produce slight nausea.

Returning again, after a few hours, I found my patient so much worse that I thought proper to inform the parents that tracheotomy offered the only possible chance for relief. I explained to them the nature of the operation, and the uncertainty of its success. The case had now become so evidently critical that they readily gave their consent, and even urged me to hasten its performance, when they saw their child convulsed, and in the agonies of approaching death from suffocation. The operation was gone through with in the ordinary manner without any untoward occurrence, save the escape of a small quantity of venous blood into the trachea, which was expelled by a few efforts at coughing as soon as the canula was inserted. The relief was immediate and most gratifying. The convulsions ceased as soon as air was freely admitted to the lungs, and in a few minutes the patient fell into a quiet slumber. He was suffered to remain for several hours without being disturbed by the use of any other remedies.

I then directed a powder every third hour, composed of two grains of calomel, and one of ipecac., until three were given; to be followed by a dose of castor oil, three hours after the last powder. During the forenoon of the next day, he had several copious dark bilious evacuations, and the febrile symptoms gradually subsided, so that on the day following, the little fellow was so much better that he began to realize his situation, and was so chagrined with his new breathing apparatus, and at the loss of his voice, that he became very petulant, and could not be controlled by his parents, but had, during the remaining time he was under treatment, the liberty of the house and yard nearly as he pleased.

The subsequent treatment consisted in the use of a low diet; counter-irritation, by the use of ung. ant. over the affected parts, and the daily application of a solution of arg. nit.—8 grains to the ounce—to the inflamed surface.

The swelling externally gradually subsided, and, at the expiration of eight days, appeared considerably less about the uvula and pillars of the palate; but still I found, by closing the orifice of the canula, that air could not pass the superior opening of the larynx, and the removal of it would have resulted in instant suffocation. I now substituted the tinct. of iodine for the solution of nitrate of silver as an application to the inflamed surface, and continued the counter-irritation as before.

After using this for ten days, without any perceptible improvement in the capacity of the larynx for the performance of its functions, the use of all local applications was discontinued. I now excised a small portion of each tonsil, which was accomplished with difficulty, owing to the fact that they appeared but slightly enlarged, not sufficiently to obstruct respiration in the least. By this means, however, a small quantity of blood was abstracted from near the seat of the disease, and was doubtless beneficial.

I then directed three grains of iodide of potassium every third hour till twelve grains were given. This prescription was repeated for six

days in succession. The third day after I commenced its use, I was gratified to find, by the return of the voice, when the orifice of the canula was closed, that the case was improving; and, at the end of eight days—twenty-six days after the operation—I removed the tube, and closed the artificial opening to the trachea with a strip of adhesive plaster. The wound healed rapidly, leaving but a slight eschar; and since that time, the child has enjoyed good health, and the larynx and trachea have performed their functions perfectly.—*North Western Medical and Surgical Journal.*

DR. GUGGENBUHL'S HOSPITAL FOR CRETINS.

ON a sunny slope of the Abendberg (Berne), at an elevation of between 3000 and 4000 feet above the sea level, resides a benevolent member of that profession which has produced more pure philanthropists than any other—a physician who has devoted his existence to the foundation and conduct of an establishment for the cure and prevention of cretinism. When it is known that hardly any country in Europe is free from cretinism—that, far from being confined to the Alpine valleys which intersect the great chain that forms the back-bone of Europe, England herself, especially in her south-western counties, is by no means exempt from the affliction—it does seem surprising that the first special establishment for its scientific treatment should have been founded by the exertions of an individual in the year 1840.

It was at that time that Dr. Guggenbuhl, a pupil of the well-known Dr. Schonlein, of Berlin, determined to devote his life and energies to the redemption of these lost outcasts of humanity. It is nearly three quarters of a century since Saussure pointed out, that cretinism is rarely, if ever, found higher than an altitude of 3000 feet above the sea. Further observation, and some partial experiments, have since proved that even temporary removal during infancy to a high situation on the mountains produces at least temporary improvement. Dr. Schausberger has cited cases from Pechlarn, on the Danube, in which healthy parents who came to settle in that locality had thenceforward only cretin children—while demi-cretin parents who had been born in Pechlarn, but removed to the hills, had had healthy offspring. Dr. Fodéré has carefully described the nature of the localities most calculated to foster it. A valley through which the river flows slowly—where the hills are clothed with a rich and thick verdure—where the habitations are surrounded and overhung by fruit trees—where the direction and position of the valley is such as to receive the whole of the sun's rays, and to be sheltered from sweeping winds—where marshes still further contribute to increase the humidity of the atmosphere—such a spot will be the strong hold of cretinism. It would seem to be produced, in short, by breathing a close, warm, damp air. The removal to a keen, dry mountain air is the main condition for successful treatment.

An English traveller who lately examined Dr. Guggenbuhl's establishment, thus describes his visit :—

"On reaching the open door of the modest but roomy and airy building, I encountered a female servant with a cretin infant in her arms, sent out for the purpose of exposing the child to the breezes which were sweeping the mountain side. Unannounced, I entered a large upper room, and was indeed most singularly impressed with the strange scene which presented itself. From the centre of the ceiling depended a cord, reaching to within two feet or so of the floor, and furnished at the end with a rounded staff about 18 inches in length. This was a contrivance to enable children unable or unwilling to use their legs to take exercise by resting their hands and arms on the staff, and thus swinging to and fro. An unfortunate creature, a female cretine, 20 years old, was thus swinging herself about when I entered. She is the only adult in the establishment. She was, I should think, between two and three feet high, horribly deformed, and though able to move about without aid, yet evidently she did so with difficulty. Still the air and regimen of the Abendberg had not been without effect even in this far-gone case. The complexion was healthy and the eye bright. She had sufficient intellect to go and come as she was bid—and she manifested the strongest affection towards the doctor. In one corner of the large room was a sort of climbing apparatus for exercising and strengthening the limbs of the children. On the walls were a variety of large prints and representations of various objects calculated to engage the attention and exercise the nascent powers of discrimination. In one part was a table covered with a variety of weeds, apparently recently gathered from the mountain side. These were for the purpose of teaching some of the more advanced pupils some rudimental notions of botany and vegetable physiology. There were about 20 children scattered in different parts of the chamber, of various ages from 5 to 10. The younger infants were elsewhere. All these were more or less manifestly and hideously cretins. A fearful and painful sight! and yet the tokens of amelioration and progress were so manifest, the beneficence of the undertaking so palpable, that to the reflective mind the sight ought to be rather gratifying than painful.

"In the midst of this strange school-room I found the doctor walking to and fro—superintending, directing, correcting, instructing, and, above all, conciliating the affection of his unengaging pupils by the unvarying gentleness and kindness of his manner. He received me with the greatest urbanity—was evidently pleased at a stranger's visit to the scene of his obscure but most valuable labors—and readily entered into conversation on the subject of them. He examined before me one of his most promising pupils, a now apparently healthy lad of some 9 or 10 years old. This child had been brought to the establishment when between 2 and 3 years old, in a state of rapidly progressing cretinism—and if left in his native valley would have become an utterly lost creature in body and mind. A number of questions were put to him by the doctor on subjects connected with natural history. He began with simple notions of the appearance of the mountains, of the nature of their covering of snow, of the temperature on their heights, &c. The doctor assured me that his experience proved to him that the explanation—even

somewhat comparatively abstruse—of what meets the eye, constitutes the food most easily taken by the newly-awakened mental powers.

“We then proceeded to view the other parts of the establishment, including ample bathing accommodation, and a magnetico-electric machine arranged for passing a current of electric fluid through the bodies of the patients when in the bath—a practice which Dr. Guggenbuhl stated he had found most serviceable in assisting the process of quickening the torpid vital energies. As we completed our round, the bell rang at mid-day for dinner, and the doctor pressed me kindly to dine with him and his family, *and his patients*. I would have done so had I not been expected back by friends at Interlaken. As it was, I left this admirable man—who, in the prime and spring-tide of his life, has devoted his entire existence to the obscure and cheerless task of passing his monotonous days far from all social intercourse, amid a class of beings from the passing sight of whom other men turn with disgust and shuddering, for the pure love of humanity and the strong desire to benefit his fellow creatures—with feelings of the liveliest admiration and esteem.”

The governments of Switzerland have not shown themselves insensible to the interest which it behoves them to take in the question. Berne, from the first opening of Dr. Guggenbuhl's establishment, accorded him a yearly subsidy of 600 francs. Fribourg, Valais and St. Gall send children to him at the cost of their respective cantons, and two infants are sent from Neufchatel.—*London Athenæum*.

MENSTRUATION A NATURAL FUNCTION.

FROM THE INTRODUCTORY LECTURE OF PROF. G. S. BEDFORD, OF THE UNIVERSITY OF NEW YORK.

A COMMON error, I think, in practice, is to lose sight of the important fact that menstruation is a natural function; as much so, indeed, as respiration, digestion, or any of the other numerous functions more or less directly connected with the well-being of the economy. On what, in truth, does menstruation depend? Certainly not on the development of the womb; but essentially and exclusively on the maturity of the ovaries; these are the female organs of generation, and hence the propriety of calling them the *testes muliebres*. Suppose a young girl should have attained her 13th or 14th year of age—the period at which this function usually shows itself for the first time in our climate—and she should not menstruate. The presumption is that her friends would become apprehensive that something was wrong, and your advice would most probably be solicited. If you were careless and suffered your judgment to be controlled by the uneasiness of the parent, the course of conduct you would pursue under the circumstances, it would not be difficult to predict. The idea which generally pervades the mind of the mother, and of those to whom the direction of female youth is committed, is this: the system, they say, is too weak; it has not power to bring about this important change. Hence, the treatment consists in the administration of powerful emmenagogue medicines; iron, and the various tonics are also freely employed; and the poor child, after having been

subjected to this empirical practice for months, not only derives no benefit, but frequently finds her system shattered, and often, too, beyond the possibility of reaction. There are, I admit, cases in which it may become necessary for you to stimulate the sluggish condition of the system; but these cases, in my judgment, are to be viewed more in the light of exceptions to the general rule, than as guides for general practice. When the menstrual function does not appear at the ordinary period in the young girl, its absence may usually be ascribed to one of three causes: 1st. Imperforate os tincæ. 2d. Imperforate hymen. 3d. Defective physical organization of the ovaries; or, in other words, a want of maturity in these bodies. The first two causes merit the gravest consideration of the practitioner, for they have, in eluding his vigilance, sometimes inflicted the severest wounds on character, and brought ruin on immaculate purity. If, however, the non-appearance of the function be due to defective organization, or want of maturity in the ovaries, this result is at once indicated by the general appearance of the girl. She is, in fact, but a child; her physical appearance presents nothing of that fulness, and has undergone none of those changes, so perfectly characteristic of the advent of menstruation, and so directly dependent on the maturity of the ovaries. In the absence, therefore, of these physical developments of the system, you may, in almost every case, impute them to tardiness on the part of Nature in bringing these bodies to the usual state of maturity. If this reasoning be correct, the indication is obviously not to force Nature by drugging the frail system of the girl; but to place the latter under all the influences which common sense tells us are the best calculated to aid in accomplishing the desired object. These influences will consist in improving the digestive functions, exercise in the open air, generous diet, cheerful company, &c. Why, let me ask, does the infant walk? Is it not that its organs of locomotion are sufficiently developed to sustain the weight of the body, and thus afford it the means of progression? What would you think of the physician who, in the absence of this development, should attempt to accomplish locomotion through the agency of medicine? And yet there would be nothing more absurd in such efforts, than the attempt to induce menstruation before the ovaries have attained the necessary degree of maturity. This tardiness on the part of nature may be due to several causes; we know very well how remarkably the menstrual function is influenced by climate, race, education, mode of life, &c.; to these may be added the influence of certain peculiarities of constitution. These latter demand the special attention of the practitioner.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON. FEBRUARY 7, 1849.

Structure and Diseases of Sheep.—Through the kindness of a valued correspondent in New York we have been furnished with a copy of a compact volume by Henry J. Canfield, of Canfield, Mahoning Co., Ohio,

on the breeds, management, structure and diseases of a very useful animal. It is by no means beneath the dignity of any man to propose measures for improving breeds of domestic animals that administer directly to the comfort of society; and it should be regarded as the evidence of a refined humanity to endeavor to ameliorate the sufferings of the brute creation. That excellent and well-known oculist of New York, Dr. W. C. Wallace, whose approval of this work shows that philosophers and all persons of intelligence are likely to be gratified with the able undertaking of Mr. Canfield, thus expresses himself in a note under date of Jan. 11th.

"The author is not a member of the profession, yet he has handled the medical portion of the work very ably. He recommends sulphate of lime as a remedy for the rot, and has been successful in the management of his own sheep. The small doses in which the remedy is given, and the latter being well diffused through the food, prevents its setting as might at first be imagined. The existence of sulphur in hair, is demonstrated by the effect of leaden hair dyes, which darken the hair and whiskers, but leave the skin uncolored. Should sheep be pastured in a soil deficient in sulphur, the supply necessary for the large quantity of wool will be obtained at the expense of other structures, and occasion constitutional derangement. The solutio murialis calcis of the older pharmacopœias is essentially given by the mixture of salt, gypsum and chalk, and is a good deobstruent. On the whole, the work evinces great research and experiment, as well as good sound sense."

If some person possessing scientific qualifications, would present the community a treatise on horses, which could be understood without a library of dictionaries, it would be of immense service. There is not a country on earth, probably, where that faithful servant of man, the horse, is so shamefully prescribed for when sick, as in this section of the United States. They are actually killed by scores through the rough, irrational course of dosing them when suffering from disease. It is quite time that a competent writer, like the one who has done such good service for the sheep, should commence a reformation in this long-neglected field of practice, the value of which could not be calculated by dollars and cents.

Epidemic Cerebro-spinal Meningitis.—S. Ames, M.D., of Montgomery, Alabama, is the author of an able pamphlet of 58 octavo pages, which gives an account of an epidemic cerebro-spinal meningitis which prevailed at that place in the winter and spring of 1848. A gentleman remarked the other day, that Montgomery contained an unusual number of excellent medical writers. We are quite sure that Dr. Ames must be one of them, from the circumstance that this production evinces a thorough familiarity with the intricacies of his profession, with enlarged views of the resources of nature, of art, and the duties of medical men. The description of the morbid anatomy of the disease of which the publication treats, exhibits the critical researches of Dr. Ames, while he lays us all under obligation for the pains and labor incurred in guiding practitioners through the labyrinth into which they are liable to be thrown by an epidemic alarm. The vascularity of the membranes of the brain—the brain itself; softening of its membranes; effusion; fibrous concretions; the condition of the spine, &c. &c., were each the subject of minute investigation. Then the spine, abdomen, &c. were carefully inspected with characteristic accuracy; and, finally, 16 cases are detailed, so that no mistakes can exist in the

mind of the reader, who is earnest in fathoming the true nature of the disease which called forth this excellent paper. At a proper place, Dr. Ames speaks of the course of treatment with a degree of candor, that shows that he is not, like some of the fraternity, wedded to a favorite system of practice, to the exclusion of all suggestions from competent sources. The following remark on quinine is worthy of recollection—"I have but little to say here, in favor of this medicine. Having been taught by experience, many years ago, that quinine was inadmissible in cerebral inflammation, both in children and in adults, I expected to gain but little from its use, and was not disappointed. I employed it frequently in the grave variety, to which it seemed most applicable, and sometimes with partial success. When the disease was attended with a fever which was regularly remittent, the meningitis appearing as an appendage, or as if engrafted on a remittent fever, quinine did occasionally arrest the paroxysms, but more slowly and with greater difficulty than in other fevers. As a remedy in other varieties, it cannot be recommended."

Dr. Ames had but little use for emetics. Cathartics were resorted to as adjuncts, and to effect particular indications—but not relied on as curative remedies.

Medical Application of Electricity.—Mr. W. F. Channing, of Boston, is incessantly laboring to better the condition of those, in all the circumstances of life, among whom the suffering are to be found. Although a young man, he has produced a book of some consequence to invalids. It is a practical treatise on the medical application of electricity. He says, in the preface—"No value is claimed for these pages beyond their connection with present experience. They are intended simply to facilitate the application of electricity to disease in the existing state of our knowledge, and it may be, to aid others, especially American practitioners, in advancing a high department in physiological knowledge." All the instruments referred to in the volume, are manufactured by Mr. Daniel Davis, Jr., near the Boylston market, Washington street, and Mr. Wightman, Cornhill, both of whom are distinguished for the ingenuity displayed in the construction and the beauty of finish of the apparatus manufactured in their establishments. The book is a 12mo, of 100 pages. Whatever can be serviceable to the practitioner in regard to this subject, is brought here directly before the eye. A multitude of cases are collected, exhibiting the positive utility of this extraordinary agent, scientifically administered; and, in short, those who have a disposition to become familiar with the resources of nature, when put under contribution by the physician, through the potency of electricity, will find enough both to surprise and encourage them. Copies may be procured of Mr. Davis, 423 Washington street, and Joseph M. Wightman, 33 Cornhill, Boston.

Doctress in Medicine.—The Syracuse Reveille contains a glowing account of the medical commencement of the Geneva (N. Y.) Medical College, at the close of the recent lecture term. Last season much was said of the sensation produced by a female student attending lectures in that institution, Miss Elizabeth Blackwell, who evinced a persevering determination to be regularly educated to the profession. She has finally triumphed, and the Reveille thus describes the public ceremonies, which took

place on the 23d of January, when the lady had conferred upon her the degree which she had sought:—"Next followed the presentation of the diplomas. All eyes were fixed in expectation. The young men, in groups of three and four at a time, were called upon the platform, and received their parchment—17 were graduated. Then was called, "*domina* BLACKWELL." Miss B. ascended the stage. The audience held their breath. The president rose, and pronouncing the usual Latin formula, delivered the diploma into her hands. Instead of turning away, she stood a moment, as if something remained to be done, and then, in a modest but audible voice, said—"I thank you, Sir. *It shall be the effort of my life, by God's help, to shed honor on this diploma.*" The feelings of the audience could be restrained no longer, and a round of applause testified their interest in this novel and exciting scene. Professor C. A. Lee then proceeded to deliver the customary address to the graduates. At the close of it he said—"An event connected with the proceedings of this day deserves some notice on this occasion, calculated as it is to excite curiosity and comment, and to be held up as an example for other institutions to imitate or condemn. I mean the conferring of the degree of M.D. upon one of that sex which is supposed to be wanting in the physical if not moral qualifications necessary for the successful practice of the healing art. So far as I am informed, this is the first instance, in this country, or any other, when a female has graduated in medicine, after having gone through the regular prescribed course and terms of study; and, in the present instance, it is my duty to add, without the omission or slighting of any branch of study, and that, too, in so thorough a manner as to leave nothing unattempted or unattained, which it is necessary for one to know, who expects to practise with honor and success in every department of the profession.

"Such an instance of self-sacrificing devotion to science; of perseverance under difficulties and obstacles next to insurmountable; of unremitting, unrelaxing toil, in pursuit of that knowledge so important to, and yet so rarely possessed by her sex—and that, too, for the purpose of mitigating human misery, relieving the sick, and extending her sphere of usefulness in the world—this, I say, deserves, as it will receive, the heartfelt approbation of every generous and humane mind. This event will stand forth in all future time, as a memorable example of what woman can undertake, and accomplish, too, when stimulated by the love of science, and a noble spirit of philanthropy."

Miss B.'s inaugural thesis, on ship fever, is published in the February number of the Buffalo Medical Journal. Its literary merits are above the average of such productions, and it manifests persevering and praiseworthy research.

Albany Medical College.—On Tuesday, January 23d, the annual commencement was held. There have been 100 medical students attending medical lectures during the past session, and of this number 20 young men, having passed a satisfactory examination, received the degree of Doctor of Medicine.

"Prof. Armsby delivered the valedictory address to the graduates, which was replete with interest and instruction. The address was characterized by all that beauty of diction and eloquence of sentiment, combined with affectionate counsel, which so manifestly renders the doctor a favorite professor in the college."

Strafford District Medical Society, N. H.—A session was held at Dover, January 17th, when the following officers were chosen:—John Morrison, M.D., President; Levi G. Hill, M.D., 1st Councillor; Jeremiah Horne, M.D., 2d Councillor; Ezra Bartlett, M.D., 3d Councillor; P. A. Stackpole, M.D., Secretary; J. H. Smith, M.D., Treasurer; P. A. Stackpole, M.D., Librarian; S. W. Jones, M.D., Auditor; Alvah Parker, M.D., 1st Orator; T. J. W. Pray, M.D., 2d Orator.

Drs. Noah Martin, J. S. Fernald, O. F. Elliott and Ezra Bartlett, Delegates to the American Medical Association.

Nicholas L. Folsom, M.D., and Thomas J. W. Pray, M.D., were elected members of the Society.

A very kind, respectful notice was taken of the death of the late Dr. James W. Cowan.

Medical Miscellany.—The total number of the cases of cholera in Great Britain from the first appearance of the malady, had reached, on the 3d ultimo, to 6,506, whereof 2,948 had died, 1,249 had recovered, and 2,819 were under treatment, or the result not stated.—Dr. G. R. B. Horner goes out surgeon of the U. S. frigate Savannah, and Drs. Randolph F. Mason and A. A. F. Hill, Assistant Surgeons, bound from this port to the Pacific Ocean.—The yellow fever is raging at Barbadoes. It appears that the Royal Artillery lost 15 out of 85 men; the 66th Regiment lost 5 officers and 40 men. The 73d lost 3 officers and 34 men.

FORTIETH VOLUME OF THIS JOURNAL.—With this number is commenced the *fortieth* volume of the Boston Medical and Surgical Journal. Those who have contributed to its pages, and by their patronage and influence have also assisted in giving it an extensive circulation, have our heartfelt gratitude. Subscribers from the commencement of the work—those who cheered us on when the project of a Weekly Medical Journal was novel and hazardous—are now few in number. Death has swept them away, together with many others of the most learned and accomplished medical men in the Union, since the original prospectus was issued for this publication. But their places are filled by others, who are laboring with equal earnestness to elevate the medical standard of the country. The field for culture is constantly enlarging, and the zeal that characterizes the age in all departments of science, is energetically sustained in the division to which this periodical is exclusively devoted.

A correspondent suggests the utility of a complete index to the whole series of volumes—"one that would include," he says, "besides your own indices of each volume, an index of the various articles of medicine recommended in the Journals, and also the recipes, the symptoms, &c." He is aware of the fact that it would probably make a large octavo. As those only who are fortunate in possessing a perfect set would be likely to purchase it, and as the complete sets now on sale are very few, and their number cannot be increased without great expense, the work never having been stereotyped, the expediency of the undertaking is questionable.

Being one of the oldest Medical Journals in the United States, both the editor and the publisher are ambitious to merit a continuance of the favors of the medical public. A more compact arrangement of advertisements has been commenced with this volume, which it is hoped will prevent their frequent encroachment upon the body of the work. Advertisers who wish to address themselves to the medical profession, will find our advertising sheet a most advantageous medium. Further improvements are anticipated, without additional expense to subscribers, whenever circumstances may warrant them.

Subscribers who received bills in their numbers near the close of the last volume, and have not yet attended to them, are respectfully requested to do so.

We have on hand for early insertion in succeeding numbers of the Journal—"Remarks on the Conclusions of the Joint Committee of the Legislature of Massachusetts on the subject of Insanity in the State"; Prof. Shipman's first Letter on Medical Matters at the West; Dr. Kimball's case of extraction of a musket ball from the hip of a soldier in the Mexican war; Dr. Eastman's paper on the Treatment of Cholera; and Dr. Wait's Reply to Dr. Williams.

DIED.—At Falmouth, Ms., Jarvis R. Chase, M.D., 61.—In Boston, Dr. Jesse S. Spear, 42.—At Sandwich, Ms., Jonathan Leonard, M.D., 86.—At St. Johnsbury, Vt., Dr. Jonas Flint, 88.

Report of Deaths in Boston—for the week ending Feb. 31, 68.—Males, 34—females, 31.—Of consumption, 8—scarlet fever, 9—lung fever, 2—infantile, 9—dropsy, 1—dropsy on the brain, 1—convulsions, 4—canker, 1—disease of stomach, 2—disease of lungs, 1—disease of kidney, 1—disease of brain, 1—disease of heart, 3—hemorrhage, 1—dysentery, 1—inflammation of the bowels, 2—inflammation of the lungs, 2—accidental, 1—old age, 3—palsy, 1—erysipelas, 1—pleurisy, 1—marasmus, 1—smallpox, 2—croup, 3—cancer, 1—measles, 2—child-bed, 2—burn, 1.

Under 5 years, 32—between 5 and 20 years, 2—between 20 and 40 years, 16—between 40 and 60 years, 5—over 60 years, 13.

On the probable Causes of Baldness.—A correspondent writes:—"It is true that heads more or less bald are very common. A sound set of teeth is very uncommon. Cannot the origin of both these circumstances be traced to civilized habits and the evils they bring in their train? And

"1st, To mercury; very few with bald heads have not been salivated.

"2d, To the shrivelling up of its tubes and the scorching of its bulbs—in head-dressing, *id est*, curling.

"3d, To the anointing of it with various compounds—all of which are injurious. (To try to make the hair grow by local applications—where the constitution has been injured in its tendency to production—is a farce.)

"Where the various kinds of grease are used, the glands or follicles cease to secrete any natural oil or moisture. The artificial injuriously supplies its place; for those who use unguents, find it necessary to continue to do so; those who do not apply them, find no want for them.

"It is theoretically the same with the skin over the whole surface of the body; cover it with moisture, you prevent exhalation; anoint it, and unless you continue to do so, you will have a dry, bran-like surface, for the functions of the sebaceous follicles will correspondingly cease."—*London Lancet*.

Hydatid in the Eye.—At the Eye and Ear Infirmary, at Glasgow, Canada, a girl, 16 years of age, having applied on account of loss of sight of her left eye, the cause was ascertained, it is said, to be "the presence of a living worm, hydatid (the *cysticercus* of scientific naturalists), in the eye, close before the pupil, which it completely obstructed. The species of animal consists of a round bag about the size of a small pea, from which on one side springs its body, which is a filament, consisting of numerous rings, and capable of being elongated and retracted at the creature's will. The body ends in the neck and head, and the latter is supplied with four lateral suckers. All this was plain to the naked eye in this instance, but appeared still more so when the animal was viewed through a microscope. As the existence of such a creature in the interior of the eye not only prevents vision, but ultimately destroys the whole textures of the organ, it was resolved to remove it by operation. This was successfully effected on Saturday last. The patient behaved with perfect steadiness, and found her vision immediately restored. The hydatid continued to live for more than half an hour after being extracted. As only four similar cases are on record, the worm excited much curiosity, and was examined by numerous visitors, both lay and medical."

Death of Mr. Samuel Cooper, F.R.S.—This distinguished surgeon, who, as is observed by Professor Gibson, of the University of Pennsylvania, in his sketches of eminent British surgeons, was "deservedly well known all over the world for the variety and extent of his surgical information," expired on the 2d inst., at his country residence, Shepperton, in the 68th year of his age. Mr. Cooper commenced the study of his profession under the first teachers of the day, and was particularly noticed by his assiduous attention to his studies. Having an intimate knowledge of foreign languages, he became conversant with the writings of the most celebrated medical men of France, Germany, Italy, &c., and carried on a correspondence with the most illustrious savans of Europe, to many of the universities of which he was a corresponding member.—*Lond. Lancet*.